MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 77-d

CERTIFICATE OF DEATH

11712

Reg. Dist. No. 191

1. PLACE OF DEATH:
County Howard
City or town Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 22 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Frederick Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Francis Brosenne
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Mary V. Chambers Brosenne
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 1, 1882
8. AGE: Years 57 Months 11 Days 15 If less than one day hrs. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Merchant
11. Industry or business General Merchandise
FATHER 12. Name Christian P. Brosenne
13. Birthplace Maryland
MOTHER 14. Maiden name Margaret Bach
15. Birthplace Maryland
16. Informant Miss Rosa Brosenne
Address Ellicott City Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 18, 1940 (month) (day) (year)
Cemetery or crematory New Cathedral Cem
Location Baltimore, Md.
18. Funeral director Easton Sons
Address Ellicott City
19. Nov. 17, 1940 (Date rec'd by registrar) John B. Loughran Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16th 1940, at 11.30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 14 1940 to Nov 16 1940, and that I last saw him alive on Nov. 16 1940.

Immediate cause of death — DURATION
Gastric Hemorrhage, due to — acute
Due to the chronic alcoholism, cw. G.R. — 12 yrs.
Alcoholism (Chr)
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature], M.D. or other
Address Ellicott City Md Date signed 11/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

11713

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard

City or town Elkridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Elkridge Heights Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Howard

City or town Elkridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sophia Rebecca Chaney.

3. (b) Social Security Number none.

4. Sex ~~Male~~ Female | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband Horace Chaney.

6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Apr 22 - 1867

8. AGE: Years 73 | Months 7 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace Elkridge Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Domestic

FATHER 12. Name George J. Taylor

13. Birthplace Maryland

MOTHER 14. Maiden name Marian V. Hawling.

15. Birthplace Baltimore Md.

16. Informant Horace N. Chaney (Son)

Address Elkridge Md.

17. Burial Date thereof Nov. 27, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

~~Cemetery~~ or crematory Zion Cemetery

Location Wash. Blvd. Dorsey, Md.

18. Funeral director Earp + Stiffler

Address Elkridge Md.

19. Nov. 26 1940 Missie Bird Williams
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1940, at 2 25 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 23 1940, to Nov 25 1940, and that I last saw h[illegible] alive on Nov 25 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	3 days
Due to Cerebral arterio Sclerosis	about 1925
Due to Chron. Nephritis	about 1940
Other conditions Arterial Hypertension	1936

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B B Brumbaugh M. D. or other

Address Elkridge Md. Date signed 11/25/40

NOV 28 1940

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (170-C)

Reg. Dist. No. 27

11714

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Rural, Laurel Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
U.S. Highway #1
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Ft. Geo. G. Meade Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Co. "A" 70th Tk. Bn.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Sigmund J. Cyfacki

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1914

8. AGE: Years 25 | Months 11 | Days 20 | If less than one day — hr. — min.

9. Birthplace Dickson City, Pa.
(Town, county, and state)

10. Usual occupation Soldier

11. Industry or business U.S. Army

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Lucy Pogozelski
15. Birthplace —

16 (a) Informant D. P. Card, Col., M.C.
(b) Address Fort Geo. G. Meade, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director T. A. Dougherty & Sons
(b) Address Odenton, Md.

19 (a) Nov 3 1940 (Date rec'd by registrar) (b) O.P. Card Registrar

MEDICAL CERTIFICATION

20. Date of death November 1 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 40 1940, to Nov 1 1940, and that I last saw him alive on at his home.

Immediate cause of death	Duration
Compound fracture of skull and sternum	1 min
Due to Automobile accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-1-40
(c) Where did injury occur? Laurel (City or town) Howard (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Highway (Specify type of place) While at work? No
(e) Means of injury Automobile accident

23. Signature Alpha N. Herbert M.D. Deputy medical examiner Howard Co.
Address Ellicott City, Md. Date signed 11-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (173)

11715

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Atholton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 11 S. Beechwood Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME G. Donald Gieske

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 9, 1902

8. AGE: Years 38 | Months 4 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace: Catonsville Baltimore Co. Md.
(Town, county, and state)

10. Usual occupation: Oil business

11. Industry or business: Filling Station

FATHER
12. Name: Alfred W. Gieske
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden name: Elsie E. Franke
15. Birthplace: Baltimore Md.

16. Informant: Mrs Mason Gieske

Address: 1120 N. Charles St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 20, 1940 (month) (day) (year)

Cemetery or crematory: Salem Lutheran

Location: Ingleside Ave Catonsville

18. Funeral director: Easton Sons

Address: Ellicott City Md.

19. Nov. 20, 1940 (Date rec'd by registrar) John B. Loughran Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18 1940, to Nov 18 1940, and that I last saw him alive on at no time 19

Immediate cause of death
① Compound fracture of skull at base of brain
② Fractured cervical vertebrae

Due to Fall from glider

Other conditions Fracture of sternum, ribs right femur, both arms
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION: 1 min

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: accident Date of 11-18-40

Where did injury occur? Atholton, Howard, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Farm field

Means of injury Fell from glider Injured at work? Experimental

23. SIGNATURE Alpha N Herbert M.D. Deputy Medical Examiner Howard Co. M. D. or other

Address Ellicott City Md Date signed 11-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (110-e)

11716

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Ellicott City (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William Edward Groomes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

8.(b) Name of husband or wife Lula K Groomes

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1865

8. AGE: Years	Months	Days	If less than one day
55	9	8	..... hrs. ..... min.

9. Birthplace Montgomery County, Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business —

FATHER
12. Name Jeffery Groomes
13. Birthplace Md.

MOTHER
14. Maiden name Caroline Howes
15. Birthplace Md

16. Informant Kenneth Groomes
Address Ellicott City Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 3, 1940
(month) (day) (year)

Cemetery or crematory Union Cemetery

Location Rockville Md

18. Funeral director F.C. Higinbotham Jr.
Address Ellicott City Md

19. Dec. 2, 1940 John B. Lingham
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1940 at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-30 1940, to 11-30 1940 and that I last saw him alive on no date 19

Immediate cause of death fracture of Skull at the base and of upper 2 cervical vertebrae

DURATION: instant

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 11-30-40

Where did injury occur? Ellicott City (City or town) Howard (County) Md (State)

Injured at home, farm, industry, public place (where?) Edmondson Ave. extended

Means of injury auto accident Injured at work? no

23. SIGNATURE George E. Burgtorf MD
M.D. or other
acting Deputy Medical Examiner Howard Co

Address Ellicott City Date signed 12-2-40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

11717

Reg. Dist. No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard

City or town Alpha

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Alpha Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Wallace Lane

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11th, 1858

8. AGE: Years	Months	Days	If less than one day
82	9	14	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name John Lane

13. Birthplace Virginia

MOTHER 14. Maiden name Elizabeth Barlow

15. Birthplace Maryland

16. Informant Mrs. Wm. M. Brandenburg

Address Marriottsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28th, 1940 (month) (day) (year)

Cemetery or crematory Mt. View Cemetery

Location Howard Co. Md.

18. Funeral director C. Harry Weer

Address Sykesville, Md.

19. Nov 26 1940 (Date rec'd by registrar) Alice M Hebb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25th, 1940 19 , at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 19 , to Nov 24 19 40 , and that I last saw h im alive on Nov 24 19 40 .

Immediate cause of death	DURATION
Broncho. Pneumonia	7 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? no (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert B. Taylor MD M. D. or other

Address Catonsville, Md. Date signed 11-25-40

CEIVED
DEC 4 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

11718

Reg. Diat. No. 190

1. PLACE OF DEATH:
County: Howard
City or town: North Laurel
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: North Laurel
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Infant Lusby

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Stillborn			..... hrs. ..... min.

9. Birthplace: North Laurel
(Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name: Edward Denton Lusby
13. Birthplace: Clinton, Maryland

MOTHER
14. Maiden name: Edith Elizabeth Ryan
15. Birthplace: Baltimore, Maryland

16. Informant: Mr. Lusby
Address: North Laurel, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-24-40 (month) (day) (year)
Cemetery or crematory: Snowden, Md
Location: " "

18. Funeral director: Lloyd Kaser
Address: Laurel Md.

19. Nov. 23 1940 (Date rec'd by registrar) (Miss) E. Bird Willard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23 1940 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 23 1940 to Nov. 23 1940 and that I ~~last~~ never saw h/... alive on November 23 1940

Immediate cause of death	DURATION
Prolapse of cord	1 day
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

SIGNATURE: Robert S. McKenney M.D.
M. D. or other
Address: Laurel Md Date signed 11/23/40

RECEIVED
DEC 3 1949
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 11719

83a

1. PLACE OF DEATH

County Harford Registration Dist. No. 198

Village or City Cockeysville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidanca in city or town whare death occurrad yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Randall If U. S. Veteran, specify WAR

(a) Residence: No. Cockeysville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Larena Randall

6. DATE OF BIRTH (month, day, and yaar) 1878

7. AGE	Yaars	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. farm laborer

9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) Md (Stata or country)

FATHER

13. NAME Geo. Randall

14. BIRTHPLACE (city or town) Md (Stata or country)

MOTHER

15. MAIDEN NAME Emily Randall

16. BIRTHPLACE (city or town) Md (Stata or country)

17. INFORMANT Larena Randal (Address) Cockeysville

18. BURIAL, CREMATION, OR REMOVAL Placa Bushy Park Data Nov 19, 1940

19. UNDERTAKER Mrs. Hemsley (Address) Baltimore

20. FILED Nov. 18, 1940 E. Paul Mencis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceasad from Nov 13, 1940, to Nov 17, 1940

I last saw him alive on Nov 16, 1940; death is said to have occurrad on the date statad abova, at 9 a.m.

Tha **PRINCIPAL CAUSE OF DEATH** and ralated causes of importanca ware as follows:

	Date of onset
Cerebral Hemorrhage	
Other **Contributory Causes** of importanca:	

Name of oparation Date of

What tast confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicida, or homicida? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signad) S. A. Nichols M. D.

(Addrass) Clarksville Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

11720

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County: Howard

City or town: Elkridge Md (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Elkridge, Md. (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Meadowridge Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Louis Henry Williams

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	widower

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 90 yrs. (1850)

8. AGE: Years: 90 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER
12. Name: Geo. Williams
13. Birthplace: Maryland

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Richard Rawlins
Address: Elkridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 2 1940 (month) (day) (year)

Cemetery or crematory: St Stephens

Location: Elkridge Md.

18. Funeral director: F C Higinbotham Jr

Address: Ellicott City Md

19. Dec. 2, 1940 (Date rec'd by registrar) John B. Leghorn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 30 1940 at 2. P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 30 1940 to November 30 1940

and that I last saw him alive on at his home, 1940

Immediate cause of death	DURATION
Chronic Myocarditis	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Alpha N Herbert MD
Deputy Medical Examiner for Howard Co.

Address: Ellicott City Md. Date signed: 12-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11721

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County HOWARD Registration Dist. No. 196

Village ~~or City~~ Highland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 80 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME MARY CATHERINE WILSON If U. S. Veteran, specify WAR

(a) Residence: No. near Highland, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5e. If married, widowad, or divorcad (or) WIFE of HORACE PINDELL WILSON

6. DATE OF BIRTH (month, day, and yeer) February 1, 1853

7. AGE	Yaars	Months	Days	If LESS than 1 day, or min. hrs.
	87	9	8	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. House keeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 7/40

11. Totel tima (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Montgomery County (State or country) Md.

FATHER

13. NAME William Franklin Wilson

14. BIRTHPLACE (city or town) ? (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Harding

16. BIRTHPLACE (city or town) ? (State or country) Md.

17. INFORMANT Horace Wilson (son) (Address) Highland, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Placa St. Marks Cemetary Highland, Md. Date 11/11, 1940

19. UNDERTAKER F.C. Higginbotham (Address) Ellicott City, Md.

20. FILED Nov 11, 1940 A. A. Stuchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 9 (Day), 1940 (Yeer)

22. I HEREBY CERTIFY, That I attendad decaased from July 10, 1940, to November 9, 1940

I last saw her alive on November 9, 1940; death is said to have occurred on the data stated above, at 6:00 P.M.

The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	? 1938
Cachexia	? 1940
Dehydration & acidosis	11/1940
Cardiac failure & pul- monary edema.	11/5/40
Other Contributory Causes of importance:	
Arterio sclerosis & fibrosis myocardium	1925

Neme of operetion — Dete of —

What tast confirmed diagnosis? — Was thera an eutopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way raletad to occupation of deceasad? No

If so, specify

(Signed) Charles S. Whitaker M. D.

(Addrass) Clarksville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN